Decisions To Date		Measure	Measures Steward	NQF- Endorsed	Category	Type of Data Needed	Product Line	Brief Measure Description	Notes	Likely Units of Analysis
YES	A	Childhood Immunization Status by Age 2	NCQA HEDIS	Yes #0038	Immunizations	Registry	NA	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertusis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one heaptitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	Currently approved for the Common Measure Set	State, county/ACH
YES	В	Human Paillomavirus Vaccine (HPV) for Female and Male Adolescents by Age 13	NCQA HEDIS	Yes #1959	Immunizations	Registry	NA	The percentage of female and male adolescents 13 years of age who had three doses of the HPV vaccine by their 13 birthday. Rates reported separately for male and female.	Currently approved for the Common Measure Set. The NCQA measure is for females only. We added males for the WA State Common Measure Set.	State, county/ACH
YES	с	Immunizations for Adolescents	NCQA HEDIS	Yes #1407	Immunizations	Registry	NA	The percentage of adolescents 13 years of age who had one does of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis (Tdap) or one tetanus, diptheria toxoids vaccine (Td) by their 13th birthday.	Currently approved for the Common Measure Set. Also an approved PQRS measure.	State, county/ACH
YES	D	Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	NCQA HEDIS	Yes # 1516	Screening	Claims	Commercial Medicaid	The percentage of members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.	Currently approved for the Common Measure Set	State, county/ACH, medical groups, clinics, health plans
МАУВЕ	E	Child and Adolescent's Access to Primary Care Practitioners	NCQA HEDIS	No	Access	Claims	Commercial Medicaid	The percentage of members 12 months - 19 years of age who had a visit with a PCP during the measurement year. Four separate rates are reported by age grouping: 12-24 months; 25 months - 6 years; 7-11 years; and 12-19 years.	Currently approved for the Common Measure Set	State, county/ACH, health plans
МАУВЕ	F	Appropriate Testing for Children with Pharyngitis	NCQA HEDIS	Yes #0002	Antibiotics	Claims		The percentage of children 2-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A stretococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing before dispensing an antibiotic).	Currently approved for the Common Measure Set. Also an approved PQRS measure.	State, county/ACH, medical groups, clinics, health plans
MAYBE	G	Annual number of asthma patients (>1 year old) with >1 asthma-related emergency room (ER) visit	State of Alabama Medicaid Program	No	Asthma	Claims	Commercial?	Numerator is the number of asthma patients (> 1 year) with asthma-related ER visit; denominator is all children > 1 year diagnosed with asthma or treatment with at least 2 short-acting beta adrenergic agents during the measurement year.	Would need to secure detailed measure specifications that are not currently readily available.	Not sure - small cell size will be a problem

Decisions To Date		Measure	Measures Steward	NQF- Endorsed	Category	Type of Data Needed	Product Line	Brief Measure Description	Notes	Likely Units of Analysis
МАУВЕ	Н	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)	NCQA HEDIS	Yes #0004	Behavioral Health	Claims		The percentage of adolescent members with a new episode of alcohol or other drug (AOD) dependence who received the following: (1) initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of diagnosis; and (2) initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.	Can report for ages 13-17 years (separately from adults). Insurance benefits must include medical and chemical dependency.	Likely only at health plan level; numbers too small at medical group level
МАУВЕ	I	Mental Health Service Penetration	WA State DSHS	No	Behavioral Health	Claims	Commercial Medicaid	The percentage of members with a mental health service need who received mental health services in the measurement year. Separate reporting for age groups: 6-17 years and 18-64 years.	Currently approved for the Common Measure Set. This is a new measure in 2016.	State, county/ACH, health plans
МАУВЕ	J	Substance Use Disorder Service Penetration	WA State DSHS	No	Behavioral Health	Claims	Medicaid only	The percentage of members with a substance use disorder treatment need who received a substance use disorder treatment in the measurement year.	Currently approved for the Common Measure Set. This is a new measure in 2016.	State, county/ACH, Medicaid health plans
МАУВЕ		Oral Health: Primary Caries Prevention Intervention as Part of Well/III Child visit as Offered by Primary Care Medical Providers	WA State HCA	No	Oral Health	Claims		Total number of patients (Age 0- 6), who received a Fluoride Varnish application (FV) during a routine preventive health visit (with primary care medical provider or clinic).	Currently approved for the Common Measure Set. Rates are very low suggesting this is an area for significant improvement.	State, county/ACH
МАУВЕ	L	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	NCQA HEDIS	Yes #0024	Screening	Claims and Medical Record		The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of of the following during the measurement year: (1) BMI percentile documentation; (2) counseling for nutrition; and (3) counseling for physical activity.	Currently approved for the Common Measure Set	Health plans

Decisions To Date		Measure	Measures Steward	NQF- Endorsed	Category	Type of Data Needed	Product Line	Brief Measure Description	Notes	Likely Units of Analysis
	1	Follow-up Care for Children Prescribed ADHD medication (ADD)	NCQA HEDIS	Yes #0108	ADHD	Claims		The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.	Pertains to ages 6-12 years; two rates reported (initiation phase and continuation phase)	State, county/ACH, some medical groups/clinics
	2	Accurate ADHD Diagnosis	PQMP - PMCoE	No	ADHD	Medical Record Data Required	NA	Percentage of patients aged 4 through 18 years whose diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) was based on a clinical exam with a physician or other healthcare professional, as appropriate which includes: confirmation of functional impairment in two or more settings AND assessment of core symptoms of ADHD including inattention, hyperactivity, and impulsivity, either through use of a validated diagnostic tool based on DMS-IV-TR criteria for ADHD or through direct assessment of the patient.	No data source within Washington for broad public reporting	
	3	ADHD Chronic Care Follow-up	PQMP - PMCoE	No	ADHD	Claims		Percentage of patients aged 4 through 18 years with a primary or secondary diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) in the year prior to the measurement year who have at least one follow-up visit in the measurement year with ADHD as the primary diagnosis		State, county/ACH, some medical groups/clinics
Tabled for Further Review	4	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	NCQA HEDIS	Yes #0069	Antibiotics	Claims	Commercial Medicaid	The percentage of children 3 months - 18 years who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.	This measure is not in the Common Measure Set but the Alliance currently publicly reports on this. Also an approved PQRS measure.	State, county/ACH, some medical groups/clinics
Tabled for Further Review	5	Antibiotic Utilization (ABX)	NCQA HEDIS	No	Antibiotics	Claims	Commercial Medicaid	This measure summarizes the following data eight categories of outpatient utilization of antibiotic prescriptions during the measurement year, stratified by age and gender.	Age groupings: 0-9, 10-17	Health plans
Tabled for Further Review	6	Asthma Medication Ratio (AMR)	NCQA HEDIS	Yes #1800	Asthma	Claims	Commercial Medicaid	The percentage of members 5-85 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.	Could report for children ages 5-18. There is already an asthma medication measure in the CMS, includes ages 5- 85.	State, county/ACH, some medical groups/clinics
	7	Appropriateness of ED visits for children and adolescents with identifiable asthma	PQMP - CAPQuAM	No	Asthma	Medical Record Data Required	NA	This measure <u>estimates</u> the proportion of ED visits that meet criteria for the ED being the appropriate level of care, among all ED visits for identifiable asthma in children and adolescents.	No data source.Small N: Separate numerators and denominators are reported for children age 2-5, 6-11, 12- 18, and, optionally, 19-21 years. An overall rate across strata is not reported.This measure is currently under consideration for NQF endorsement. Developed under the AHRQ-CMS PQMP Centers of Excellence program	

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	8	PCP connection prior to ED visits for children with identifiable asthma	PQMP - CAPQuAM	No	Asthma	Claims	Commercial Medicaid	Numerator: Evidence of connection to the primary care medical system prior to first ED visit and/or hospitalization that has a primary or secondary diagnosis of asthma among children whom our specifications identify with asthma. Denominator: All first ED visits and / or hospitalizations, in which asthma was a primary or secondary diagnosis in children who are eligible because they meet the criteria for identifiable asthma and have been enrolled for the 6 consecutive months prior to the ED visit/admission.	Not sure about age range. Likely small N.	State
	9	PCP connection after ED visits for asthma	PQMP - CAPQuAM	No	Asthma	Claims	Commercial Medicaid	Numerator: 1. Visit(s) to a primary care provider that occurred within 14 days following the ED visit 2. Visit(s) to a primary care provider that occurred within 30 days following the ED visit 3. Have at least one fill of an asthma controller medication within 2 months after the ED visit (including the day of visit); Denominator: All ED visits in which asthma was a primary or secondary diagnosis in children who are continuously enrolled for at least the 2 months following the ED visit.		
	10	Rate of ED visit use for children managed for persistent asthma	PQMP - CAPQuAM	No	Asthma	Claims and Medical Record	?	This measure estimates the rate of emergency department visits for children ages 2-21 who are being managed for identifiable asthma. The measure is reported in visits per 100 child years.	Estimate and reported in "child years". Not particularly useful or understandable.	
		Asthma Pharmacologic Therapy for Persistent Asthma - Ambulatory Care Setting	AMA-convened Physician Consortium for Performance Improvement	Yes #0047	Asthma	Claims	NA	Percentage of patients aged 5 years and older with a diagnosis of persistent asthma who were prescribed long term control medication. Three rates are reported for this measure: 1. Patients prescribed inhaled corticosteroids (ICS) as their long term control medication 2. Patients prescribed other alternative long term control medications (non- ICS) 3. Total patients prescribed long-term control medication		
	12	Opioid Prescribing for Children and Adolescents	Suggested by Dr. Gary Franklin	No	Behavioral Health	Claims		Percent of children less than 20 years old receiving a prescription for opioids for an acute condition who receive = 3 days of a short acting opioid. (Alternatively, could look at /= 3 days.)	This would be a homegrown measure and someone would need to develop the measure specifications with detailed code sets.	State, county/ACH
	13	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	NCQA HEDIS	Yes #2800	Behavioral Health	Claims		The percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.	Metabolic testing for blood glucose and LDL-C; small N.	State, county/ACH
	14	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)	NCQA HEDIS	No	Behavioral Health	Claims	Commercial Medicaid	The percentage of children and adolescents 1-17 years of age who were on two or more concurrent antipsychotic medications.	Small N	State, county/ACH
	15	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	NCQA HEDIS	Yes #2801	Behavioral Health	Claims?	Commercial Medicaid	The percentage of children and adolescents 1-17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.	Concerned that claims will not reliably pick up psychosocial documentation.	Not sure - small cell size will be a problem
		Antipsychotic Use in Children Under 5 Years Old	Pharmacy Quality Alliance	Yes #2337	Behavioral Health	Claims	NA	The percentage of children under age 5 who were dispensed antipsychotic medications during the measurement period.		State, county/ACH

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	17	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults	NCQA HEDIS	No	Behavioral Health	Medical Record Data Required	NA	The percentage of members 12 years of age and older with a diagnosis of major depression or dysthmyia who have a PHQ-9 or PHQ-A tool administrated at least once during a four-month period.	No data source within Washington for broad public reporting	
	18	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	AMA-convened Physician Consortium for Performance	Yes #1365	Behavioral Health	Medical Record Data Required	ΝΔ	Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk	No data source within Washington for broad public reporting	
	19	Depression Screening By 13 years of age	Improvement NCQA	Yes #1394	Behavioral Health	Medical Record Data Required	NA	The percentage of adolescents 13 years of age who had a screening for depression using a standardized tool.	No data source within Washington for broad public reporting	
	20	Depression Screening By 18 Years of Age	NCQA	Yes #1515	Behavioral Health	Medical Record Data Required	NA		No data source within Washington for broad public reporting	
	21	Maternal Depression Screening	NCQA	Yes #1401	Behavioral Health	Medical Record Data Required		The percentage of children 6 months of age who had documentation of a maternal depression screening for the mother.	No data source within Washington for broad public reporting	
	22	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	CMS	Yes #0418	Behavioral Health	Medical Record Data Required	Commercial Medicaid	Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented	No data source within Washington for broad public reporting	
	23	Mental Health Utilization (MPT)	NCQA HEDIS	No	Behavioral Health	Claims	Commercial Medicaid	The number and percentage of members receiving the following mental health services during the measurement year: any service, inpatient, intensive outpatient or partial hospitalization, outpatient or ED	Age groupings: 0-12; 13-17, broken out by gender	Health plans
	24	HbA1c Test for Pediatric Patients	NCQA	No	Diabetes	Claims	Commercial Medicaid	Percentage of patients 5-17 years of age with diabetes with a HbA1c test during the measurement period.		State, county/ACH, possibly some medical groups
	25	Annual Dental Visit (ADV)	NCQA HEDIS	No- Endorsement Removed	Oral Health	Claims	Medicaid	The percentage of members 2-20 years of age who had at least one dental visit during the measurement year. This measure applies only if dental care is a covered benefit in the Medicaid contract.	Applies to Medicaid-insured only.	Managed Medicaid Organizations
		Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children	American Dental Association	Yes #2689	Oral Health	Claims	NA	Number of emergency department visits for caries-related reasons per 100,000 member months for all enrolled children (ages 0 - 20)	Access to robust source of dental data limited to Medicaid at this time.	Not sure - likely Medicaid only
	27	Pediatric All-Condition Readmission Measure	Center of Excellence for Pediatric Quality Measurement	Yes #2393	Patient Safety	Claims	NA	This measure calculates case-mix-adjusted readmission rates, defined as the percentage of admissions followed by 1 or more readmissions within 30 days, for patients less than 18 years old. The measure covers patients discharged from general acute care hospitals, including children's hospitals.	Will need to access detailed measure specifications which are not currently readily available.	Select hospitals

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	28	Pediatric Patient Safety for Selected Indicators (PDI 19) - Composite Measure	Agency for Healthcare Research & Quality	No - Endorsement Removed	Patient Safety	Claims	?	Pediatric Patient Safety for Selected Indicators (PDI 19) is a weighted average of the observed-to-expected ratios for the following component indicators: PDI 01 Accidental Puncture or Laceration Rate, PDI 02 Pressure Ulcer Rate, PDI 05 latrogenic Pneumothorax Rate, PDI 10 Postoperative Sepsis Rate, PDI 11 Postoperative Wound Dehiscence Rate, and PDI 12 Central Venous Catheter-Related Blood Stream Infection Rate.	Complicated measure to program	Select hospitals
	29	Lead Screening in Children (LSC)	NCQA HEDIS	No	Screening	Claims	Medicaid	The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.		Not sure - small cell size will be a problem
	30	Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	NCQA HEDIS	No	Screening	Claims	Commercial Medicaid	The percentage of adolescent females 16-20 years of age who were screened unnecessarily for cervical cancer.		State, county/ACH
	31	Well Child Visits in the First Fifteen Months of Life (W15)	NCQA HEDIS	No	Screening	Claims	Commercial Medicaid	The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life: No well child visits, one well child visit, two well child visits, three well child visits, four well child visits, five well child visits, six or more well child visits.	Well Child Visits in years 3-6 currently in Common Measure Set. Well child visits is a high priority for the State; should strongly consider adding this measure.	State, county/ACH, medical groups
	32	Audiological Evaluation no later than 3 mont	Centers for Disease Control and Prevention	Yes #1360	Screening	Medical Record Data Required	NA	This measure assesses the percentage of newborns who did not pass hearing screening and have an audiological evaluation no later than 3 months of age.	No data source within Washington for broad public reporting	
	33	Blood Pressure Screening by 13 Years of Age	NCQA	Yes #1552	Screening	Medical Record Data Required	NA	The percentage of adolescents 13 years of age who had a blood pressure screening with results during the measurement year or the year prior to the measurement year.	No data source within Washington for broad public reporting	
	34	Blood Pressure Screening by 18 Years of Age	NCQA	Yes #1553	Screening	Medical Record Data Required	NA	The percentage of adolescents 18 years of age who had a blood pressure screening with results during the measurement or the year prior to the measurement year.	No data source within Washington for broad public reporting	
	35	Developmental Screening in the First Three Years of Life	Oregon Health Sciences University	Yes #1448	Screening	Claims?	NA	The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the first three years of life. This is a measure of screening in the first three years of life that includes three, age-specific indicators assessing whether children are screened by 12 months of age, by 24 months of age and by 36 months of age.	Concerned that claims may not reliably pick up screening?	State, county/ACH?

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	36	Hearing screening prior to hospital discharge	Centers for Disease Control and Prevention	Yes #1354	Screening	Medical Record Data Required	NA	This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge.	Per Deb Doyle: The Department of Health has a surveillance and tracking system where they compile newborn screening data submitted by hospitals and midwives. They indicate that they can provide these data.	Hospitals
	37	Developmental screening using a parent completed screening tool	Child and Adolescent Health Measurement Initiative	Yes #1385	Screening	Patient Reported, Survey	NA	The measure assesses whether the parent or caregiver completed a developmental screening tool meant to identify children at-risk for developmental, behavioral and social delays. The items are age-specific and anchored to parent-completed tools (a majority of health care providers implementing the Bright Futures recommendations for standardized screening for all children utilize parent-completed tools due to their validity and feasibility). The age-specific items assess whether children 10-71 months are screened.	No data source within Washington for broad public reporting	
	38	Screening for Reduced Visual Acuity and Referral in Children	CMS	Yes #2721	Screening	Medical Record Data Required		The percentage of children who received visual acuity screening at least once by their 6th birthday; and if necessary, were referred appropriately.	No data source within Washington for broad public reporting	
	39	Frequency of Selected Procedures (FSP)	NCQA HEDIS	No	Utilization	Claims	Commercial	This measure summarizes the utilization of frequently performed procedures that often show wide regional variation and have generated concern regarding potentially inappropriate utilization: bariatric weight loss surgery (ages 0-19); tonsillectomy (ages 0-9);.		Health plans
	40	Ambulatory Care (AMB)	NCQA HEDIS	No	Utilization	Claims	Commercial Medicaid	This measure summarizes utilization of ambulatory care in the following categories: outpatient visits, ED visits. Results reported as visits per 1,000 member months.	Age groupings: <1, 1-9, 10-19	Health plans
	41	Inpatient Utilization-General Hospital Acute Care (IPU)	NCQA HEDIS	No	Utilization	Claims		This measure summarizes utilization of acute inpatient care and services in the following categories: total inpatient, maternity, surgery, medicine.	Age groupings: <1, 1-9, 10-19 (only 10- 19 for maternity)	Health plans